

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040483

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

SL 29441

XC 15562

1003

Primary Registration District No.

Registrar's No.

9843

STATE FILE NUMBER

FILED OCT 19 1962

## 1. PLACE OF DEATH

a. COUNTY

--

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN ST LOUIS

Length of stay in 1b  
25 DAYS

c. CITY OR TOWN HERCULANEUM

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION VETS ADM HOSPITAL

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
BOX 446

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First Middle Last  
JOSEPH E MCDOWELL

4. DATE OF DEATH

Month Day Year  
10/13/62

## 5. SEX

MALE

## 6. COLOR OR RACE

W

## 7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

12/22/09 52

## 9. AGE (last birthday)

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

POST MASTER

## 10b. KIND OF BUSINESS OR INDUSTRY

US Gvt.

## 11. BIRTHPLACE (City and state or country)

FLAT RIVER, MO.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

GEORGE MCDOWELL

## 13b. MOTHER'S MAIDEN NAME

BREWEN

## 14. NAME OF HUSBAND OR WIFE

RUTH MCDOWELL

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
YES WWII

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

RUTH MCDOWELL (WIFE) SEE 2 ABOVE

## 18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PULMONARY INFARCT

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

465X

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. X VA attended the deceased from 9/19/62 to 10/13/62 and last saw him alive on 10/13/62  
Death occurred at 9:10 PM on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

-(Degree or title)

MD

## 22b. ADDRESS

VAH, ST LOUIS, MO.

## 22c. DATE SIGNED

10/13/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Oct. 16, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Herculaneum Cemetery

## 23d. LOCATION (City, town, or county)

Herculaneum, Mo.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Vinyard Funeral Home, Festus, Mo.

## 25. DATE RECD. BY LOCAL REG.

OCT 15 1962

## 26. REGISTRAR'S SIGNATURE

Robert Smith M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

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0500-6

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1283-0

83

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Donald H. King and*

Licensed Embalmer No.

*4608*

P. O. Address

*Festus Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.